



# Caddo Nation Education Department

P.O. Box 487 – Binger, OK 73009

405.656.2344 or 405.656.2447

Fax: 405.656.2904

• *Dedicated To Your Success* •

## **PLEASE READ CAREFULLY**

Dear Applicant:

This is the **Caddo Nation's Higher Education Grant Program** application packet. This application is used to apply for supplemental financial assistance to attend a college/university. To be considered for a grant, students must submit the application and as many of the documents listed below to the above address by the due date (Item 1), with the exception of the *Official Transcript and Verification of Enrollment*. A single asterisk (\*) indicates the form is included in the packet. Applications are good for an academic year.

**Required Documents:** **ALL DOCUMENTS MUST BE ORIGINALS! Faxes/Copies Will Not Be Accepted.**

1. Due Dates: Fall-July 15th, Spring-November 15th. After the Fall Semester, students are required to send in an Official Transcript and a Verification of Enrollment form before funds will be released for the Spring Semester. At the end of each Spring Semester, students are required to send in an Official Transcript to the Caddo Nation Education Department.
2. Copy of Caddo Nation Enrollment Card
3. \*Completed & Signed Higher Education Application
4. \*Student Agreement
5. \*Student Background/Goals, Publicity Consent
6. \*Release of Information
7. \*Financial Needs Analysis (FNA) form completed, signed & submitted by Financial Aid Officer (Student must apply to the Federal Financial Student Aid Program so this form can be submitted.)
8. Copy of Institutional Acceptance Letter (new students)
9. \*Verification of Enrollment form, stamped by school. (Applicable to all students; must be submitted as close to school start date or after classes have started, must be on file before grant check can be released.)
10. Official High School Transcript or GED Certificate (New college student)  
Official College/University Transcript (If applicable; must show grades for previous semester.)  
Full-time CNHEGP students must earn 12 hrs. & 2.0 GPA, which is a C-grade average, to remain eligible.
11. Only completed applications will be considered for funding.

### **ANY INCOMPLETE FORMS WILL BE RETURNED!**

12. In accordance with the accountability required for the administration of the funds appropriated for this program, certain information is required of the applicant. The intent of the collection and maintenance of this data is for determining the eligibility of the applicant and to provide the means for producing certain statistical records required of this office.
13. **Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility in obtaining higher education assistance under this program. It is your responsibility to make sure that all documentation for your application is complete.**

Sincerely,

Dwight M. Pickering, Director  
Caddo Nation Education Programs

# PRIVACY STATEMENT

THE FAMILY EDUCATIONAL RIGHTS  
AND PRIVACY ACT (FERPA)  
(20 U.S.C 1232G; 34 CFT PART 99)  
IS THE FEDERAL LAW THAT PROTECTS  
THE PRIVACY OF STUDENT EDUCATION RECORDS.

THE LAW APPLIES TO RECIPIENTS WHO  
RECEIVE FEDERAL FUNDING  
FOR EDUCATIONAL PURPOSES.

THESE RIGHTS TRANSFER TO THE STUDENT WHEN HE  
OR SHE REACHES THE AGE OF 18 OR ATTENDS  
A SCHOOL BEYOND THE HIGH SCHOOL LEVEL.

**WITH THIS STATED AND IN  
ACCORDANCE WITH THE FERPA,  
THE CADDO NATION  
EDUCATION DEPARTMENT  
WILL DISCUSS  
STUDENT INFORMATION  
WITH THE STUDENT  
APPLYING FOR ASSISTANCE ONLY.**

# Caddo Nation Higher Education Grant Application

☐ NEW APPLICATION

☐ RENEWAL APPLICATION

Applying for: Academic School Year 20\_\_\_\_/20\_\_\_\_ – ☐ Fall ☐ Spr

## Part I – Applicant Information: (PLEASE COMPLETE ALL BLANKS)

Name: \_\_\_\_\_  
Last First MI (Maiden name)

Home Address: \_\_\_\_\_  
Street No./ Route/PO Box City State Zip

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Caddo Membership No: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Dependent # \_\_\_\_ Veteran: ☐ Yes ☐ No

## Part II – Academic Information: (PLEASE COMPLETE ALL BLANKS)

Graduated from High School : ☐ Yes ☐ No Year Graduated:\_\_\_\_ Received GED: ☐ Yes ☐ No Year:\_\_\_\_

Have You Attended College Before? ☐ Yes ☐ No If yes, please list name & address of college last attended:

\_\_\_\_\_  
Name Address City State Zip

Semester & Year of Last BIA/Tribal Grant Received: \_\_\_\_\_ Last Name Used: \_\_\_\_\_

Current College/University: \_\_\_\_\_  
Name Address City State Zip

Current Financial Aid Office Telephone Number: \_\_\_\_\_  
Area Code/Telephone No.

Your Current Status: ☐ New Student ☐ Continuing Student

Classification: ☐ Freshman ☐ Sophomore ☐ Jr. ☐ Sr. ☐ Other Accumulative Hrs. \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Degree Sought: ☐ AA ☐ AS ☐ AAS ☐ BA ☐ BS ☐ Other \_\_\_\_\_

Residential Status: ☐ On-Campus ☐ Off-Campus Commuter ☐ At Home Commuter

Your Address At School: \_\_\_\_\_  
Street No./ Route/PO Box City State Zip

I declare information given by me on this form is true, correct and complete to the best of my knowledge. I consent to this information being shared by the Caddo Nation, my selected higher education institution, and other necessary agencies to complete my financial aid package. I will contact the Financial Aid Office and apply for any financial aid available to me, and if granted assistance from the Caddo Nation, I am aware the grant will be mailed to my Financial Aid Office. I agree to use the funds only for my approved educational expenses.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Tribal Membership Verification Request Form

Dear STUDENT:

Please provide this office with a copy of your caddo membership card OR complete this form to request a copy from the Tribal Enrollment Office. If you choose to request a copy from the Tribal Enrollment Office, complete this form and sent it to:

Caddo Nation  
Enrollment Department  
P.O. Box 487  
Binger, OK 73009

Dear ENROLLMENT DEPARTMENT:

Please provide the Caddo Nation Education Department with a copy of my membership card, which is a requirement for my Caddo Nation Higher Education Grant Program application.

My information is as follows:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

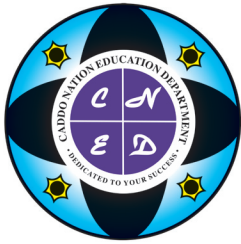
TRIBAL ROLL #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF STUDENT IS A MINOR) DATE



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## **CADDO NATION HIGHER EDUCATION GRANT PROGRAM STUDENT AGREEMENT**

I, \_\_\_\_\_, agree to abide by all of the Caddo Nation Higher Education Grant Program rules, regulations and policies.

I will submit timely grade reports, as issued by the college or university for each term funded to the Caddo Nation Education Department.

If I do not meet academic requirements, I will be placed on academic probation for the following academic term.

While on academic probation, I must complete 12 or more semester hours with a GPA of 2.0.

I understand that failure to meet academic requirements shall result in suspension from the Caddo Nation Higher Education Grant Program.

I understand that students suspended from the Caddo Nation Higher Education Grant Program shall not be considered for future funding until they have: (1) utilized other funding sources for one semester of enrollment, and (2) completed a minimum of 12 credit hours for one semester of enrollment with a GPA of 2.0.

In the event I withdraw from classes or from college, I will immediately notify the Caddo Nation Education Department in writing, and understand that I may be placed on probation or suspended from the Caddo Nation Higher Education Grant Program by doing so.

I also understand that persons submitting or causing to be submitted any false information in connection with any application, report, or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as sections 287, 371, or 1001 of title 18, U.S. Code.

I UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND ACCEPT ALL OF THE ABOVE CONDITIONS.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## STUDENT BACKGROUND/GOALS

Please read and answer each question to the best of your ability.

1. Why did you choose to continue your education?
2. Why did you choose the college you are wanting to attend?
3. Who influenced you to go to college or continue your education?
4. Are you a first generation college student in your family?
5. When is your anticipated graduation date? What is your degree program and field of study?
6. What educational goals have you set for yourself and what is your intent after you've reached those goals?
7. Many times our students have an opportunity to return to the Caddo Nation to bring their knowledge and expertise. Would you be willing to do so?

## Publicity Consent

I agree to allow my name and likeness to be used for positive promotion of the Caddo Nation Education Program. This usually includes carefully selected photos, but is not limited to photos. Photos may be selected to be used in the Caddo Nation Education Department's section of the tribal web page, newsletter, brochure, or recruitment videos. Sensitive information, such as social security numbers, will never be released to the public. All photos are carefully selected to portray students in a positive academic, cultural, or recreational setting.

BY SIGNING BELOW, I AGREE TO CONSENT, AND FULLY UNDERSTAND THE CONTENTS OF THIS STATEMENT.

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Student's Signature

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Date

# FINANCIAL NEEDS ANALYSIS FORM

## Part 1 – To Be Completed by Student (PLEASE COMPLETE ALL BLANKS)

(Print) Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
St. No./Route/POB City State Zip

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_ Classification: (Circle appropriate number) 1. Fresh. 2. Soph. 3. Jr. 4. Sr. 5. Other

College/University: \_\_\_\_\_  
Name Address City State Zip

### Authorization for Release of Information

I authorize the above college/university to release this Financial Needs Analysis Form, when completed, to the Caddo Nation Education Department.

\_\_\_\_\_  
Student Signature Date

**Student: Please do not make any marks below this point and submit to your school's Financial Aid Office when completed, signed and dated.**

## Part 2: To Be Completed by Financial Aid Administrator/Counselor (PLEASE COMPLETE ALL BLANKS)

\_\_\_\_ Student applied for financial aid for the current academic year.

\_\_\_\_ Student has not applied for financial aid. Need cannot be determined.

\_\_\_\_ Student's application is incomplete and cannot be considered.

Applicant is: (Circle appropriate number) 1. Full-time 2. Part-time. Applicant is enrolled in how many hours? \_\_\_\_\_

BUDGET PERIOD: From \_\_\_\_\_ To: \_\_\_\_\_ Start Date: \_\_\_\_\_

-----College Expenses-----		-----Resources/Awards/Scholarships-----	
Tuition	\$ _____	Parental	\$ _____
Fees	\$ _____	Student/Spouse	\$ _____
Room/Board	\$ _____	Student Incentive	\$ _____
Books	\$ _____	Grant	\$ _____
Travel	\$ _____	College/Univ.	\$ _____
Misc.	\$ _____	Scholarship	\$ _____
Personal	\$ _____	Federal SLS	\$ _____
Child Care	\$ _____	College/Univ.	\$ _____
Other	\$ _____	funded loan	\$ _____
<b>TOTAL</b>	\$ _____	Veteran's Asst.	\$ _____
		<b>TOTAL</b>	\$ _____
		Pell Grant	\$ _____
		SEOG	\$ _____
		CWS	\$ _____
		Stafford loan	\$ _____
		Perkins loan	\$ _____
		Plus loan	\$ _____
		Tuition Waiver	\$ _____
		Voc. Rehab.	\$ _____
		Dir. Tribal Asst.	\$ _____
		Other (i.e. EFC)	\$ _____
		<b>TOTAL</b>	\$ _____

Total Expenses \$ \_\_\_\_\_ Total Resources, Awards & Scholarships: \$ \_\_\_\_\_

Student's unmet need is \$ \_\_\_\_\_ Unmet Need = (Expenses – [Resources + Awards & Scholarships])

This office recommends the Caddo Nation awarding the student \$ \_\_\_\_\_. Please Note: If the student is eligible for a grant, we will send the award to the Financial Aid Office at the address below.

\_\_\_\_\_  
Signature of Financial Aid Officer Date Phone Number

\_\_\_\_\_  
College/University Address City/State/Zip

**Financial Aid Administrator:** Our established deadline dates are July 15th for Fall & November 15th for Spring. However, we hope your office will return this form completed, to the best of your ability, at your earliest convenience regardless of the date. Our address is: Caddo Nation Education Dept., P.O. Box 487, Binger, OK 73009



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## VERIFICATION OF ENROLLMENT

DEAR COLLEGE/UNIVERSITY OFFICIAL: This form, complete with your original signature, is required to be in the Caddo Nation Education Department before the student's grant check can be mailed to your institution's Financial Aid Office. To authenticate this verification process, please affix your institution's seal or stamp in the space provided and mail it to the Caddo Nation Education Department at your earliest convenience.

If your institution provides an Official Verification of Enrollment form/letter, or one is provided through a Student Clearinghouse, please send such forms directly to the Caddo Nation Education Department.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student ID #

The above student is enrolled for the academic term: \_\_\_\_\_ at:

\_\_\_\_\_  
(Name of Institution, address, city, state, zip)

This document certifies that the above named student is:

A. \_\_\_\_\_ Enrolled full-time carrying \_\_\_\_\_ semester hours.

B. \_\_\_\_\_ Enrolled part-time carrying \_\_\_\_\_ semester hours.

I certify the information provided above is accurate according to our admission records.

\_\_\_\_\_  
Signature of Registrar/Admissions/Counselor

\_\_\_\_\_  
Printed name for above signature

\_\_\_\_\_  
Date

Please place  
school stamp or seal  
here





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## CONSENT TO RELEASE INFORMATION

### INSTRUCTIONS:

1. Fill out all appropriate fields on this form, in ink, in the presence of a notary public;
2. Send the original form to the address above, or hand deliver to the Caddo Nation Education Department.

(PLEASE PRINT) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Authorization:

I hereby authorize the Caddo Nation Education Department to obtain information about me that is pertinent to my application for assistance.

I hereby authorize the Caddo Nation Education Department to make additional copies of this original, notarized Consent to Release Information form as needed, and such copies shall be treated as originals.

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (If student is under the age 18) \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_